

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/22/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29C0001025		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2008	
NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106			
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Q 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Medicare recertification survey conducted at your facility on 4/21/2008 to 4/22/2008.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>Ten clinical records were reviewed.</p> <p>The center failed to maintain condition level compliance with the following Condition of Coverage:</p> <p>42 CFR 416.46 Nursing Services</p> <p>The following complaint was investigated:</p> <p>Complaint #NV17543 Substantiated (Tag Q023).</p> <p>The following regulatory deficiencies were identified:</p>			Q 000			
Q 014	<p>416.44(a)(3) ELEMENT of STANDARD PHYSICAL ENVIRONMENT</p> <p>The ambulatory surgical center must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities.</p> <p>This ELEMENT is not met as evidenced by: Based on observation, interview, and document review, the center failed to ensure an effective infection control program was operationalized. Breaches in infection control techniques were</p>			Q 014			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 014	<p>Continued From page 1 observed throughout the survey process.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During the initial tour on 04/21/08 at 9:40 a.m., the autoclave room was observed to have the door propped open with a stool. Inside the workroom a large trash bin was observed to be filled beyond capacity, a discarded gown with an attached glove was observed to be hanging over the edge of the trash bin, approximately 5-6 inches from the floor. During pre-operational care observation on 04/21/08 at approximately 10:50 a.m., the nurse was observed to prepare supplies for venipuncture (IV (intravenous) therapy initiation). The nurse was then noted to cough into her hands, sanitize the patients skin for the IV catheter insertion, then put on gloves. The venipuncture was conducted and IV therapy initiated. The nurse did not perform hand sanitation prior to patient contact or after coughing into her hands. The nurse was then observed to remove the gloves and gather the used supplies, which included the IV catheter flashback chamber containing blood, with her ungloved hands for disposal. <p>Facility policy and procedure entitled "Aseptic Technique" with a revision date of 01/08 was reviewed. Item I. D. documented: "Decontaminate hands before having direct contact with patients and between each patient contact." Item I. E. documented: "Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure."</p>	Q 014			

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Q 014	Continued From page 2 An interview was conducted with the Registered Nurse (RN) supervisor on 04/22/08 at 10:20 a.m., regarding the center's practices during IV therapy. The RN supervisor stated hand sanitation should take place prior to glove application and the RN supervisor would likely need to re-inservice the staff. 2. During care observations in the pre-operation and post-operation care areas, multiple staff members were noted to access medication vials with syringes without sanitizing the medication access ports prior to usage. An interview was conducted with the RN supervisor on 04/22/08 at 3:30 p.m., the RN supervisor stated the expectation was that even single dose (medication) vials would be swabbed (sanitized) before use. Facility orientation documentation was provided on 4/22/08 at 3:15 p.m. A document entitled "General Concepts of Aseptic Technique" was reviewed. Under the subtitle "Vials" the document stated "Since the flip-top covers on unopened vials do not guarantee sterility, the vial should be swabbed with 70% isopropyl alcohol before use."	Q 014			
Q 023	416.46 NURSING SERVICES The nursing services of the ambulatory surgical center must be directed and staffed to assure that the nursing needs of all patients are met. This CONDITION is not met as evidenced by: The center failed to ensure the nursing services was directed and staffed to assure the nursing needs of all patients were met (Q023).	Q 023			

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Q 023	<p>Continued From page 3</p> <p>The cumulative effect of this systemic practice results in the failure of the agency to deliver statutorily mandated compliance with the requirements for Nursing Services.</p> <p>Based on interview and record review, the center failed to provide safe and effective nursing services.</p> <p>Findings include:</p> <p>On 4/22/2008 in the morning, Registered Nurse (RN) #1 indicated on 2/25/2008, RN #2 was caught forging other staff initials on the narcotic sign out sheet, administering narcotics to patients that were not assigned to RN #2, administering narcotics to patients that had no orders for narcotics, and not properly accounting for remaining narcotics or charting them as wasted.</p> <p>RN #1 indicated the Director of Nursing (DON) was informed on 2/26/2008, but RN #2 was allowed to work for 3 days performing patient care and having full access to the narcotic medications.</p> <p>On 4/22/2008 in the afternoon, the RN supervisor indicated the DON initiated an investigation against RN #2. The RN supervisor indicated there were discrepancies with narcotic administration, documentation and unaccountable remaining medications. The RN supervisor indicated RN #2 continued to work while the investigation was performed and RN #2 was not supervised while obtaining medications from the narcotic box or administering narcotics to patients.</p> <p>On 4/22/2008 in the afternoon, the administrator was asked if the policy titled "Impaired Employee,</p>			Q 023			

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Q 023	<p>Continued From page 4</p> <p>Allied Health Professional, Physician" dated 12/07 was implemented when RN #2 was being investigated and what steps were taken to protect patients from possible harm while RN #2 continued to provide patient care with full access to narcotics during the investigation. The administrator indicated the allegation against RN #2 regarding narcotics was not enough to suspend an employee from working. The administrator indicated employees had rights also, and RN #2 was allowed to work until she was terminated on the afternoon of Friday 2/29/2008.</p> <p>On 4/21/2008 in the afternoon, the surveyors requested from the RN supervisor the policy regarding possible narcotic abuse with employees.</p> <p>The center's policy regarding "Impaired Employee, Allied Health Professional, Physician" dated 12/07 was documented the following:</p> <ul style="list-style-type: none"> - Policy "The (name of center) will take reasonable steps to ensure patient safety in the case of an impaired employee, impaired physician, and/or impaired Allied Health Professional." - "Definition: Impairment (physically, emotionally or medically) may be due to such things as the use of alcohol other substances (legal or illegal) or medical and/or psychological conditions..." - "...F. If the employee is not severely impaired, violent, verbally abusive, or otherwise threatening, the Supervisor shall, in the presence of the selected individual to be the observer, privately tell the employee that he/she..." 	Q 023			

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Q 023	Continued From page 5 - "...1. Is being placed on Administrative leave w/pay (with pay) for the balance of the workday due to the suspected impairment and is required to return to work on the next scheduled work day or if unable to return, the employee must call in to request the appropriate leave..." - "...G. The (name of center) reserves the right to perform drug testing as indicated and approved by the Administrator. The employee's Supervisor will accompany the employee to the testing laboratory..." - "...H. If an employee protests in the impairment determination made by the Supervisor or the Administrator, under safe conditions, the employee may go immediately and voluntarily to his/her private care physician or a medical facility of his/her choice for a medical evaluation. (If impairment may be due to medication, the employee should consult his or her own medical and/or mental health provider). With the employee's permission, results of such an evaluation will be considered in the determining any further action. If a timely evaluation certifies the employee is not impaired, the employer is responsible for the cost of the evaluation..." - "...Employee's return to work..." - "...1. The employee will be allowed to return to work, after the employee provides (name of center) with a statement from a licensed medical and/or mental health provider certifying that the employee able to return to work. At the employee's request, (name of center) can coordinate with the employee's health care provider to facilitate this process..."	Q 023			

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Q 023	Continued From page 6 - "...3. In cases where (name of center) determines the employee or the (name of center) may be at significant risk, (name of center) will instruct the Supervisor to extend the employee's Administrative leave with or without pay for a designated period of time to allow time for evaluation of the situation. During this time, (name of center) will review the situation to determine when the employee is able to return to work. Recommendations made by either licensed health professionals to extend Administrative leave with or without pay should be referred to (name of center) for a determination. An employee's Administrative leave with or without pay will be extended at the option of (name of center) and then only in the interest of safety..." CPT #17543	Q 023			